

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|  |                    |
|--|--------------------|
| <010> Study Area Code  | 320826             |
| <015> Study Area Name  | SWAYZEE TEL CO     |
| <020> Program Year   | 2015               |
| <030> Contact Name: Person USAC should contact with questions about this data      | Tim Miles          |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 7659227916 ext.    |
| <039> Contact Email Address: Email of the person identified in data line <030>     | tmiles@swayzee.com |

| ANNUAL REPORTING FOR ALL CARRIERS   |   | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|---|---|-------------------------------------|-------------------------------------|
| (check box when complete)   |   |                                     |                                     |
| <100> Service Quality Improvement Reporting   | (complete attached worksheet)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <200> Outage Reporting (voice)  | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <300> Unfulfilled Service Requests (voice)  | 0   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <310> Detail on Attempts (voice)  | <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <320> Unfulfilled Service Requests (broadband)  | 0   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <330> Detail on Attempts (broadband)  | <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <400> Number of Complaints per 1,000 customers (voice)  |   |                                     |                                     |
| <410> Fixed   | 0.0   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile  | 0.0   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)  |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <440> Fixed   | 0.0   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <450> Mobile  | 0.0   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <500> Service Quality Standards & Consumer Protection Rules Compliance                              | (check to indicate certification)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>320826in510.pdf   | (attach descriptive document)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations   | (check to indicate certification)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>320826in610.pdf   | (attach descriptive document)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)   | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <710> Company Price Offerings (broadband)   | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <800> Operating Companies and Affiliates  | (complete attached worksheet)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>           | (if yes, complete attached worksheet)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1000> Voice Services Rate Comparability  | (check to indicate certification)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div><br>320826in1010.pdf | (attach descriptive document)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>           | (if not, check to indicate certification)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1110>  | (complete attached worksheet)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1200> Terms and Condition for Lifeline Customers   | (complete attached worksheet)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|   |                                   |                                     |                          |
|---|-----------------------------------|-------------------------------------|--------------------------|
| <2000>  | (check to indicate certification) | <input type="checkbox"/>            | <input type="checkbox"/> |
| <2005>  | (complete attached worksheet)     | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b> |                                   |                                     |                          |
| <3000>  | (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <3005>  | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |  |
|-------|---|--|
| <010> | Study Area Code   | 320826   |
| <015> | Study Area Name   | SWAYZEE TEL CO   |
| <020> | Program Year  | 2015   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com                                     |
| <110> | Has your company received its ETC certification from the FCC?                 | (yes / no) <input type="radio"/> <input type="radio"/> |
|       | If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5   |  |
| <111> | year plan" filed with the FCC?  | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|  |
|--|
|  |
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|  |

(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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| <015> | Study Area Name   | SWAYZEE TEL CO     |
| <020> | Program Year  | 2015               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

[illegible]



|   |  |
|---|--|
| <b>(700) Price Offerings including Voice Rate Data</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                    |
|-------|---|--------------------|
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| <015> | Study Area Name   | SWAYZEE TEL CO     |
| <020> | Program Year  | 2015               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge |          |

[illegible]

|   |  |
|---|--|
| <b>(710) Broadband Price Offerings</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986 / OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                    |
|-------|---|--------------------|
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| <015> | Study Area Name   | SWAYZEE TEL CO     |
| <020> | Program Year  | 2015               |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

[illegible]

|   |  |
|---|--|
| <b>(800) Operating Companies</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 320826                    |
| <015> | Study Area Name   | SWAYZEE TEL CO            |
| <020> | Program Year  | 2015                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.           |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com        |
| <810> | Reporting Carrier   | Swayzee Telephone Company |
| <811> | Holding Company   | N/A                       |
| <812> | Operating Company   | N/A                       |

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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| <010> | Study Area Code   | 320826             |
| <015> | Study Area Name   | SWAYZEE TEL CO     |
| <020> | Program Year  | 2015               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select<br>(Yes,No,<br>NA) |
|---------------------------|
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
  - <922> Feasibility and sustainability planning;
  - <923> Marketing services in a culturally sensitive manner;
  - <924> Compliance with Rights of way processes
  - <925> Compliance with Land Use permitting requirements
  - <926> Compliance with Facilities Siting rules
  - <927> Compliance with Environmental Review processes
  - <928> Compliance with Cultural Preservation review processes
  - <929> Compliance with Tribal Business and Licensing requirements.



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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|-------|---|--------------------|
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| <015> | Study Area Name   | SWAYZEE TEL CO     |
| <020> | Program Year  | 2015               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

Please check this box to confirm no terrestrial backhaul  
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers  
<1130> broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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 July 2013

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| <010> | Study Area Code   | 320826             |
| <015> | Study Area Name   | SWAYZEE TEL CO     |
| <020> | Program Year  | 2015               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP [http://swayzee.com/wordpress/?page\\_id=414](http://swayzee.com/wordpress/?page_id=414)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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| <020> | Program Year  | 2015               |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

|   |  |
|---|--|
| <b>(3000) Rate Of Return Carrier Additional Documentation</b><br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                    |
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| <020> Program Year  | 2015               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tim Miles          |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

☒ Yes ☒ No

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☒

(3023) Underlying Information subjected to a review by an independent certified public accountant

☒

(3024) Underlying information subjected to an officer certification.

☒

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3026) Attach the worksheet listing required information

3208261n3026.xlsm

Name of Attached Document Listing Required Information

|   |  |
|---|--|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

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| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |                                |
|---|--------------------------------|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |                                |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                                |
| Name of Reporting Carrier:  |                                |
| Signature of Authorized Officer:  | Date                           |
| Printed name of Authorized Officer:   |                                |
| Title or position of Authorized Officer:  |                                |
| Telephone number of Authorized Officer:   |                                |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                                |



|   |  |
|---|--|
| <b>Certification - Agent / Carrier</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
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| <039> Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |   |
|--|---|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |   |
| Name of Authorized Agent:  |   |
| Name of Reporting Carrier: SWAYZEE TEL CO  |   |
| Signature of Authorized Officer: CERTIFIED ONLINE  | Date:                                     |
| Printed name of Authorized Officer:  |   |
| Title or position of Authorized Officer:   |   |
| Telephone number of Authorized Officer:  |   |
| Study Area Code of Reporting Carrier: 320826   | Filing Due Date for this form: 06/30/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |   |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |   |
|--|---|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |   |
| Name of Reporting Carrier: SWAYZEE TEL CO  |   |
| Name of Authorized Agent or Employee of Agent:   |   |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE   | Date:                                     |
| Printed name of Authorized Agent or Employee of Agent:   |   |
| Title or position of Authorized Agent or Employee of Agent:  |   |
| Telephone number of Authorized Agent or Employee of Agent:   |   |
| Study Area Code of Reporting Carrier: 320826   | Filing Due Date for this form: 06/30/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |   |

## Attachments

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7659227916 ext.    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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|       |                 |        |
|-------|-----------------|--------|
| <010> | Study Area Code | 320826 |
|-------|-----------------|--------|

|       |                 |                |
|-------|-----------------|----------------|
| <015> | Study Area Name | SWAYZEE TEL CO |
|-------|-----------------|----------------|

|       |              |      |
|-------|--------------|------|
| <020> | Program Year | 2015 |
|-------|--------------|------|

|       |   |           |
|-------|---|-----------|
| <030> | Contact Name - Person USAC should contact regarding this data | Tim Miles |
|-------|---|-----------|

|       |   |                 |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7659227916 ext. |
|-------|---|-----------------|

|       |   |                    |
|-------|---|--------------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tmiles@swayzee.com |
|-------|---|--------------------|

[illegible]



**CERTIFICATION OF SWAYZEE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2013**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing and new locations within 2 business days of the request. Carrier provides bill notification at least 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their service terms and conditions located on their Carrier's website and in their retail office. Notice is also provided in their telephone directory which is updated annually. Carrier's procedures for receiving emergency calls during non-business hours include forwarding the emergency calls to night service who then contacts pre-specified employees to remedy the situation.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule. Carrier has procedures in place for receiving emergency calls during non-business hours and completes all installations and service orders within 5 business days of the request.

I verify that the foregoing is true and correct. Executed on June 17, 2014.

/s/ Tim Miles

Tim Miles, General Manager, Swayzee Telephone Company

SAC: 320826

**CERTIFICATION OF SWAYZEE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2013**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 17, 2014.

/s/ Tim Miles

Tim Miles, General Manager, Swayzee Telephone Company

SAC: 320826

**CERTIFICATION OF SWAYZEE TELEPHONE COMPANY**

**Reporting Period January 1 – December 31, 2013**

**Sec. 54.313(a)(10) Voice Services Rate Comparability**

Pursuant to § 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the Bureau announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates fall within the required range in relation to the applicable national average urban rate.

I verify that the foregoing is true and correct. Executed on June 17, 2014.

/s/ Tim Miles

Tim Miles, General Manager, Swayzee Telephone Company

SAC: 320826